

BEST AVAILABLE COPY

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>  |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 49     | 10/27/00 |
| FORMALITY REVIEW          | 1111     | 70976  | 126-00   |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim    | Date    |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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